



MUSCULOSKELETAL RADIOLOGY
PEDIATRIC ORTHO/RHEUM/SPORTS MED
 Central Scheduling Phone: 832-TC4-XRAY [832-824-9729]
 Fax Order Forms to: 832-825-5306

Main Campus: 832-826-5336
 West Campus: 832-640-9640
 Woodlands Campus: 713-876-4038

www.texaschildrens.org/departments/radiology/musculoskeletal-radiology-msk

PHYSICIAN ORDER FORM

Patient's Name: <i>Last</i>	<i>First</i>	<i>M.I.</i>
------------------------------------	--------------	-------------

D.O.B.: / / <i>mm dd yyyy</i>	Home Phone:	Cell Phone:
--	-------------	-------------

Address: _____
Street Address *City* *State* *Zip*

Guarantor Email: _____

Reason for Exam:
(Signs, Symptoms, Chief Complaint):

Ordering Physician's Signature: _____	Office Contact: _____ Practice Phone: _____ Backline Phone: _____ Fax: _____
Physician Name: _____ Date/Time signed: _____ PCP Name (if different): _____	SPECIAL INSTRUCTIONS: <input type="checkbox"/> Schedule for Date/Time: <input type="checkbox"/> Send CD with patient <input type="checkbox"/> Research Patient Order Comments: _____

MRI

MRI Hip without contrast
 3T High Resolution Hip (non-arthrographic) L R MRI Lower Extremity Rotational Profile (Pelvis to Ankle)
 3D Print

MRI Pelvis with/without
 Hip Perthes Profusion Protocol L R Other: Please Specify _____

MUSCULOSKELETAL PROCEDURES

MRI Arthrogram + Injection: Specify Site _____ Tendon Sheath Steroid Injection: Specify Site _____
 Steroid Injection: Specify Site _____ Ganglion Cyst Ultrasound + Fenestration: Specify Site _____
 MRI JIA Protocol + Injection: Specify Site _____

ULTRASOUND

US MSK Shoulder
 Glenohumeral Dysplasia L R US Infant Hips - DDH: with manipulation **OR** without manipulation
 Other – Please Specify _____

CT

CT knee without contrast CT Version (Rotational Profile) Acetabular Femoral
 Dynamic knee with low dose with 0, 20, 40 degree flexion CT Tibial Torsion

CT Forearm
 Rotational Profile

X-Ray X-Ray <input type="checkbox"/> Please Specify _____	EOS <input type="checkbox"/> Scoliosis <input type="checkbox"/> Leg Length _____ <input type="checkbox"/> 1view(AP) or <input type="checkbox"/> 2 view(AP + Lateral)
--	---

Main Campus [in the Texas Medical Center]

Mark A. Wallace Tower 6701 Fannin Street Houston, TX 77030	West Tower 6621 Fannin Street Houston, TX 77030	Pavilion for Women 6651 Main Street Houston, TX 77030	West [Katy] Campus 18200 Katy Freeway Houston, TX 77094	Woodlands Campus 17600 Interstate 45 S The Woodlands, TX 77384
---	--	--	--	---